



# Chaffey College

## Acknowledgement of Documentation

I, the undersigned, affirm that I have:

- 1) received information on procedures and requirements regarding workers' compensation coverage
- 2) received an opportunity to designate a physician as provided in Labor Code, Section 4600 and
- 3) received the following documents:

- Workers' Compensation Facts Brochure
- Designated Physician
- Nondiscrimination Policy
- Prohibition of Harassment Policy
- Procedure Nondiscrimination / Prohibition of Harassment
- Campus Safety, Health & Workplace Violence Policy
- DPS – FAQ's

I understand that I must read and become familiar with the above documents and ask for clarification when needed. I also understand that I am required to attend harassment and nondiscrimination training during my first year of employment, or as often as required by the District

\_\_\_\_\_  
Employee (please print name)

Please sign in presence of HR representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date